

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90011 009 \*\*\*\*61.25

**DOCUMENT # 756559**

1. Entity Name

**CARLISLE AT POINCIANA CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

**6850-10TH AVE..N.  
LAKE WORTH FL 33467**

Mailing Address

**6850-10TH AVE..N.  
LAKE WORTH FL 33467**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CC

DA

PA



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2166581**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PMS CORP.  
3150 VIA POINCIANA  
LAKE WORTH FL 33467**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	<b>D</b>	<b>SILVER, MORRIS</b>	<b>6850 10TH AVE N LAKE WORTH FL</b>	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>S</b>	<b>SLATER, BURT</b>	<b>6850 10TH AVE N #310 LAKE WORTH FL 33467</b>	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>D</b>	<b>BRESNIK, BUD</b>	<b>6850 10TH AVE N #404 LAKE WORTH FL 33467</b>	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>P</b>	<b>WAXMAN, BUD</b>	<b>6850 10 AVE N. LAKE WORTH FL</b>	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>B</b>	<b>SKOM, GERTRUDE</b>	<b>6850 10 AVE N. LAKE WORTH FL</b>	<input type="checkbox"/> Delete		<b>DT</b>	<b>SHUMAN, FRANK</b>	<b>6850 10TH AVE N #204 LAKE WORTH, FL. 33467</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/26/01* *561-939-3427*  
 Date Daytime Phone #

CR2E037 (10/00)